



CERTIFICATION OF DISABILITY For Non-Vocational Rehabilitation Programs

State Form 36918 (R4 / 10-94) VRS 2004

This state agency is requesting disclosure of your Social Security number in order to expedite processing of your application. Disclosure is voluntary and you will not be penalized for failure to disclose SSN. IC 4-1-8.

This certification is provided solely for purposes other than vocational rehabilitation and does not constitute a determination of eligibility or ineligibility for vocational rehabilitation services or imply endorsement of any particular program or activity as being appropriate for this individual.

FROM:

Name	
Organization / Agency	
Street address	
City	State
ZIP code	Telephone number ()

REGARDING:

Name of applicant (<i>last, first, MI</i>)	
Social Security number	Date of birth (<i>month, day, year</i>)
Street address	
City	State
ZIP code	Telephone number ()

☐ Vocational Rehabilitation Applicants / Clients Only

The applicant / client named above has been evaluated by Vocational Rehabilitation Services. On the basis of this evaluation, it has been determined that:

1. The individual is disabled.

- ☐ Yes (*describe disability*) _____
☐ No
☐ Undetermined

2. and that the disability described above constitutes a substantial impediment to employment.

- ☐ Yes (*describe*) _____

☐ No
☐ Undetermined

☐ JTPA In-school and Summer Youth Program Applicants Only

The individual named above has been determined to have a disability as defined by Public Law 101-476 on the basis of information provided by _____ which indicates

_____ Name of school

a disability of _____
Indicate disabling condition

VR disability code	Authorized school signature	Date signed (<i>month, day, year</i>)
VR office stamp or typed address	Signature of VR counselor	Date signed (<i>month, day, year</i>)